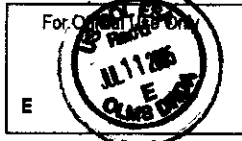


FORM LM-30

LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C. 439 or 440.



READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

1. File Number U - 2529	2. Fiscal Year Covered From: 1 / 1 / 2004 Through: 12 / 31 / 2004
3. Name and address of person filing. Name ROBERT C MAIDA JR P.O. Box, Bldg., Room No., if any SUITE 16 Street 930 N. YORK ROAD City HINSDALE State ILLINOIS ZIP Code + 4 60521	4. Name, file number, and address of labor organization. Name CHICAGO MAKERS' UNION #2 / CWA 14430 Labor Organization File Number 013068 P.O. Box, Building and Room Number, if any SUITE 16 Street 930 N. YORK ROAD City HINSDALE State ILLINOIS ZIP Code + 4 60521
5. Position in labor organization. PRESIDENT / TRUSTEE	

Enter appropriate data below if, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions):

A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.	
6. Name and address of Employer (including trade name, if any). Name Trade Name, if any: P.O. Box, Bldg., Room No., if any Street City State ZIP Code + 4	7.a. Nature of Interest, Transaction, or Income. 7.b. Amount.

Signature

15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.)		
Signed <u>Robert C Maida Jr.</u>	On <u>7-1-05</u> Date	<u>630-455-6889</u> Telephone Number

2529

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

12.b. Amount. 4,275

14.b. Amount of payment.

Name of Person Filing

ROBERT C. MAIDA JR.

File Number U-

2529

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any).

Name LOOMIS SAYLES & COMPANY

Trade Name, if any:

P.O. Box, Bldg., Room No., if any SUITE 300

Street 39533 N. WOODWARD AVE

City BLOOMFIELD HILLS

State MI ZIP Code + 4 48304

9. Business deals with:

a. Labor Organization

☒ b. Trust

c. Employer

10. If 9.b. or 9.c. is checked give trust or employer's name.

Name CWA/FTV NEGOTIATED PENSION PLAN

Trade Name, if any:

P.O. Box, Bldg., Room No., if any SUITE 120

Street 831 S. NEVADA AVE

City COLORADO SPRINGS

State CO ZIP Code + 4 80903

11.a. Nature of such dealing.

BUSINESS PROVIDES INVESTMENT MANAGEMENT SERVICES TO THE TRUST.

11.b. Approximate dollar value of such dealing. \$ 596,767

12.a. Nature of interest held or income received.

DINNERS AFTER BOARD OF TRUSTEE MEETINGS IN WHICH INVESTMENT PERFORMANCE WAS REVIEWED ON 4-18-04 & 8-3-04. MY SPOUSE ALSO ATTENDED

12.b. Amount. \$ 371.00

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State ZIP Code + 4

14.a. Nature of payment.

13.b. Is the Business an Employer or Consultant ?

14.b. Amount of payment.

Name of Person Filing	ROBERT C. MAIDA JR	File Number U-	2529
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B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

<p>8. Name and address of Business (including trade name, if any).</p> <p>Name CONGRESS ASSET MANAGEMENT</p> <p>Trade Name, if any:</p> <p>P.O. Box, Bldg., Room No., if any</p> <p>Street 2 SEAPORT LANE</p> <p>City BOSTON</p> <p>State MA ZIP Code + 4 02210</p>	<p>9. Business deals with:</p> <p>a. Labor Organization</p> <p><input checked="" type="checkbox"/> b. Trust</p> <p>c. Employer</p>
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<p>10. If 9.b. or 9.c. is checked give trust or employer's name.</p> <p>Name CWA/ITU NEGOTIATED PENSION PLAN</p> <p>Trade Name, if any:</p> <p>P.O. Box, Bldg., Room No., if any SUITE 120</p> <p>Street 831 S. NEVADA AVE.</p> <p>City COLORADO SPRINGS</p> <p>State CO ZIP Code + 4 80903</p>	<p>11.a. Nature of such dealing.</p> <p>BUSINESS PROVIDES INVESTMENT MANAGEMENT SERVICES TO THE TRUST</p>
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<p>11.b. Approximate dollar value of such dealing. \$192,500</p>	<p>12.a. Nature of interest held or income received.</p> <p>ATTENDED RECEPTION AFTER BOARD OF TRUSTEES MEETING HOSTED BY CONGRESS FOR TRUSTEES, ADVISORS, & OTHER MANAGERS ON 8-2-04 MY SPOUSE ALSO ATTENDED</p>
<p>12.b. Amount. \$75.00</p>	

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

<p>13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).</p> <p>Name</p> <p>Trade Name, if any:</p> <p>P.O. Box, Bldg., Room No., if any</p> <p>Street</p> <p>City</p> <p>State ZIP Code + 4</p>	<p>14.a. Nature of payment.</p>
<p>13.b. Is the Business an Employer or Consultant ?</p>	<p>14.b. Amount of payment.</p>

Name of Person Filing ROBERT C. MAIDA JR	File Number U- 2529
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B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any).

Name **ASB CAPITAL**

Trade Name, if any:

P.O. Box, Bldg., Room No., if any **SUITE 310**

Street **1919 M STREET N.W.**

City **WASHINGTON**

State **D.C.** ZIP Code + 4 **20036**

9. Business deals with:

a. Labor Organization

☒ b. Trust

c. Employer

10. If 9.b. or 9.c. is checked give trust or employer's name.

Name **CWA-ITU NEGOTIATED PENSION PLAN**

Trade Name, if any:

P.O. Box, Bldg., Room No., if any **SUITE 120**

Street **831 NEVADA AVE**

City **COLORADO SPRINGS**

State **CO** ZIP Code + 4 **80903**

11.a. Nature of such dealing.

BUSINESS PROVIDES INVESTMENT MANAGEMENT SERVICES TO THE TRUST

11.b. Approximate dollar value of such dealing. **\$223,843**

12.a. Nature of interest held or income received.

ATTENDED RECEPTION AFTER BOARD OF TRUSTEES MEETING HOSTED BY ASB FOR THE TRUSTEES, ADVISORS & OTHER MANAGERS ON 4-19-04. MY SPOUSE ALSO ATTENDED

12.b. Amount. **75.00**

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State ZIP Code + 4

14.a. Nature of payment.

13.b. Is the Business an Employer or Consultant ?

14.b. Amount of payment.

Name of Person Filing ROBERT C. MAIDA JR.	File Number U- 2529
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B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any).

Name **BRYAN CAVE LLP**

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street **290 AVE. OF THE AMERKAS**

City **NEW YORK**

State **N.Y.** ZIP Code + 4 **10104**

9. Business deals with:

a. Labor Organization

☒ b. Trust

c. Employer

10. If 9.b. or 9.c. is checked give trust or employer's name.

Name **CWA ITU NEGOTIATED PENSION PLAN**

Trade Name, if any:

P.O. Box, Bldg., Room No., if any **120**

Street **831 S. NEVADA AVE**

City **COLORADO SPRINGS**

State **CO** ZIP Code + 4 **80903**

11.a. Nature of such dealing.

BUSINESS PROVIDES LEGAL ADVICE FOR THE PLAN

11.b. Approximate dollar value of such dealing. **\$170,000**

12.a. Nature of interest held or income received.

TICKETS TO RADIO CITY MUSIC HALL FOR MYSELF AND SPOUSE ON 11-25-04 VISIT TO N.Y.

12.b. Amount. **\$266.00**

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State ZIP Code + 4

14.a. Nature of payment.

13.b. Is the Business an Employer or Consultant ?

14.b. Amount of payment.